

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2006 8:00 am**  
**Secretary of State**

08-01-2006 90002 017 \*\*\*158.75

**DOCUMENT # P05000001509**

1. Entity Name  
**GRAND MANOR HOMES CORPORATION**



Principal Place of Business  
**4701 KEYSVILL AVE  
SPRING HILL, FL 34011**

Mailing Address  
**P.O. BOX 6969  
SPRING HILL, FL 34011**

**50023732**



07142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

**1320 SE FEDERAL HWY.**

Suite, Apt. #, etc.

**SUITE 210**

City & State

**STUART, FL. 34994**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**SAME**

City & State

**SAME**

4. FEI Number

**20-2129035**

Applied For

☒ Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STILL, TYWRONE  
4701 KEYSVILL AVE  
SPRING HILL, FL 34611**

7. Name and Address of New Registered Agent

Name

**REGINALD BARNES**

Street Address (P.O. Box Number is Not Acceptable)

**6575 CHUGGWATER CIRCLE**

City

**PORT ST. LUCIE,**

**FL**

Zip Code

**34983**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and file if applicable.

**REGINALD BARNES**

(NOTE: Registered Agent signature required when transferring)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **TS** ☒ Delete  
NAME **STILL, TYWRONE**  
STREET ADDRESS **4701 KEYSVILL AVE**  
CITY-STATE-ZIP **SPRING HILL, FL 34611**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **REGINALD BARNES**  
STREET ADDRESS **6545 CHUGGWATER CIRCLE**  
CITY-STATE-ZIP **PORT ST. LUCIE, FL. 34983** ☐ Change ☐ Addition

TITLE **SECRETARY - TREASURER** ☒ Change ☐ Addition  
NAME **TYWRONE STILL**  
STREET ADDRESS **6545 CHUGGWATER CIRCLE**  
CITY-STATE-ZIP **PORT ST. LUCIE, FL. 34983** ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REGINALD BARNES**

Date

Daytime Phone #

**772-463-8672**